

Summary of First National Adult Immunization Summit And 12th Influenza Vaccine Summit Carolyn B. Bridges, CDC and Angela Shen, NVPO

June 5, 2012

Summit Summary

- ❑ **Two Summits – Adult (1st) and Influenza (2nd)**
 - Adult co-lead by AMA, NVPO and CDC
 - Influenza co-lead by AMA and CDC
- ❑ **Atlanta, GA May 15-17, 2012**
- ❑ **Summits opened by Dr. Koh**
 - Provided important message of support/commitment from HHS

Summary

❑ Attendees:

- 288 attended the Adult Summit
- 295 attended the Flu Summit
- 239 attended both

❑ **150 different organizations represented**

- E.g. Coalitions; Local, state and federal public health; Aging and other advocacy groups; Vaccine manufacturers and distributors; Provider organizations (physician, nursing, pharmacy, physician assistant, nurse mid-wives, community vaccinators); Other federal partners (DOD, VA); Insurance providers and billing organizations; Academic and policy groups

Adult Immunization Summit Summary

- ❑ **Five working groups**
- ❑ **Feedback generated: 100 verbal comments, 67 feedback forms, 102 “post-it” comments**
- ❑ **Successful, great energy, Now to capitalize**

Agenda

- ❑ **Opening session provided background for other discussions**
 - Current coverage
 - Public health resources for adult immunization
 - NVAC Adult Immunization Recommendations
 - Immunization provisions in Affordable Care Act
 - USPHS Task Force summary of what interventions work to raise vaccine coverage in adults

Session 2: Empowering Providers

- ❑ **Information on impact of different interventions on improving vaccine uptake**
- ❑ **Report from working group identified**
 - List of resources gathered (will be on Immunization Action Coalition website)
 - List of actionable steps/needs:
 - Searchable list of resources
 - Practical tools to improve and simplify business practices (e.g., vaccine ordering and tracking)
 - Systems and cultural change to integrate immunization and provider offer of vaccination into every healthcare visit
 - Standards/measurements defining quality immunization services
 - Provider training tools leading to behavior changes
 - Outreach plans for special populations and settings
 - Unified messaging to emphasize the importance or value of adult immunizations

Session 3: Existing and potential adult quality and performance measures

- ❑ **Reviewed existing quality and performance measures**
- ❑ **Noted**
 - Difficulties given dispersed sources of care, difficulty recalling and tracking past vaccinations for adults
 - Many current measures and need to harmonize
 - Overall good strategy for raising awareness
- ❑ **Continued deliberation and involvement of CMS and others needed in this working group**

Session 4: Increasing access to immunizations

❑ Reviewed

- Medicare B vs D vaccine billing/payment challenges and solutions
- Barriers to billing for public health
- Barriers reported by surveyed clinicians
- Insurance coverage in private insurance market
- Examples of collaboration between pharmacists and medical providers

Session 4: Increasing access to immunizations

- ❑ **Working group report identified key gaps and actionable items in three main categories:**
 - Collaboration
 - Payment
 - Documentation/communication of vaccine receipt

Actionable Steps

- ❑ Collaboration within the “immunization medical neighborhood”
 - **Raise awareness** of the full range of providers (specialists, collaborative referral)
 - Reduce opposition to **expansion of scope of work**
 - **Reduce missed opportunities** to vaccinate adults and give all needed vaccines
- ❑ Payment
 - **Determine whether current levels of payment for services is a barrier for providers** (what is the cost of providing immunization services to adults?)
 - Patient and provider understanding of **in-network vs. out-of-network**
 - Research payment for **counseling & referral** by non-vaccine providers
 - **Reduce out-of-pocket costs for patients**
 - **Access for uninsured adults**
- ❑ Documentation
 - **Lifetime immunization registries** that are opt-out
 - Establish and promote models of “ideal” data exchange, documentation, and communication
 - Promote immunization requirements in **meaningful use** standards
- ❑ State laws and policies*

Session 5: Education and promotion of adult immunizations to patients

❑ Speakers discussed effective messaging

❑ Themes

- Lack of knowledge among public about vaccine needs for adults
- BUT... a lot of competition for provider and patients' attention
- Need to convince people that vaccination is:
 - Important to do (i.e., warrants being a priority)
 - Worth doing – (i.e., brings significant benefit)
 - “Easy to do”
- Messages should be:
 - Relevant/relatable to person to whom they are directed
 - Memorable
 - Clear/concise
 - Tell a story

Session 5: Education and promotion of adult immunizations to patients

- ❑ **Working group report on “What needs to be in place?”**
 - Motivation – increase proportion of adults asking “which vaccines do I need?”
 - Resources – information on vaccines, which ones people need and how to pay for them
 - Convenience – searchable website for information on which vaccines they need, safety concerns, and locations for vaccination
 - Materials – tailored to specific populations and ways to disseminate the information
 - Campaign – national campaign to increase awareness and motivation for seeking adult vaccination
- ❑ **Bottom line: Culture and behavior change needed**

Session 6: Education and promotion of adult immunization to decision-makers

- ❑ **No federal participants in this working group**
- ❑ **Gaps identified by working group**
 - Leadership or champions needs in each decision-maker category
 - Need to effectively communicate how adult issues differ from childhood
- ❑ **What needs to be in place**
 - Include immunizations in national focus on prevention
 - Including ACA implementation that can help improve vaccination
 - Health economics on value of adult vaccine schedule needed
 - Key initiatives should incorporate immunization
 - E.g. meaningful use and Immunization Information Systems
 - Continue work with employers on long-term basis to mobilize champions

Major Themes From Summit

❑ **Communications**

- Need to change culture – increase demand for adult immunization
- Overall unifying promotion/advertising strategy needed to change culture/behavior
 - BUT also need to meet needs of specific groups
- Need to better convey value of immunizations for adults

❑ **CMS involvement is key**

❑ **Improved documentation/communication via IIS/EHRs**

❑ **Increase engagement with employer and employee groups, including unions**

❑ **Decrease policy and legal barriers for all vaccine providers, including pharmacists**

❑ **Evaluate means to increase education of and incentivize providers, e.g. through performance or quality measures**

❑ **Decrease complexity of ACIP Adult Vaccine Schedule**

❑ **Engage/encourage adult immunization champions/leadership in key sectors, including among adult provider organizations, first responders, others**

Immediate Follow-up Actions Next Several Weeks

- ❑ AMA, CDC, and NVPO will organize and review comments, and share with TF and Summit**
- ❑ Develop list of key action items**
- ❑ Review working group composition and welcome new members to working groups**
- ❑ Reach out to Summit participants who have not yet expressed a working group preference**
- ❑ Prepare meeting summary of meeting for participants**
- ❑ Prepare proceedings for submission to peer-reviewed journal**

Next Steps (2)

Summit Working Groups to Drive Action

- ❑ **Over the course of the next year...**
 - Working groups will identify 2-3 actionable items to accomplish, based upon feedback from Summit
 - Secure commitment from stakeholders to assume leadership roles for specific actions
- ❑ **All working groups will be supported and sustained**
 - CDC/NVPO staff will keep Summit working groups informed of HHS Adult Immunization Task Force activities and vice versa
- ❑ **Work toward Adult Summit 2013 – report back from the working groups on past year's accomplishments**

Next Steps (3)

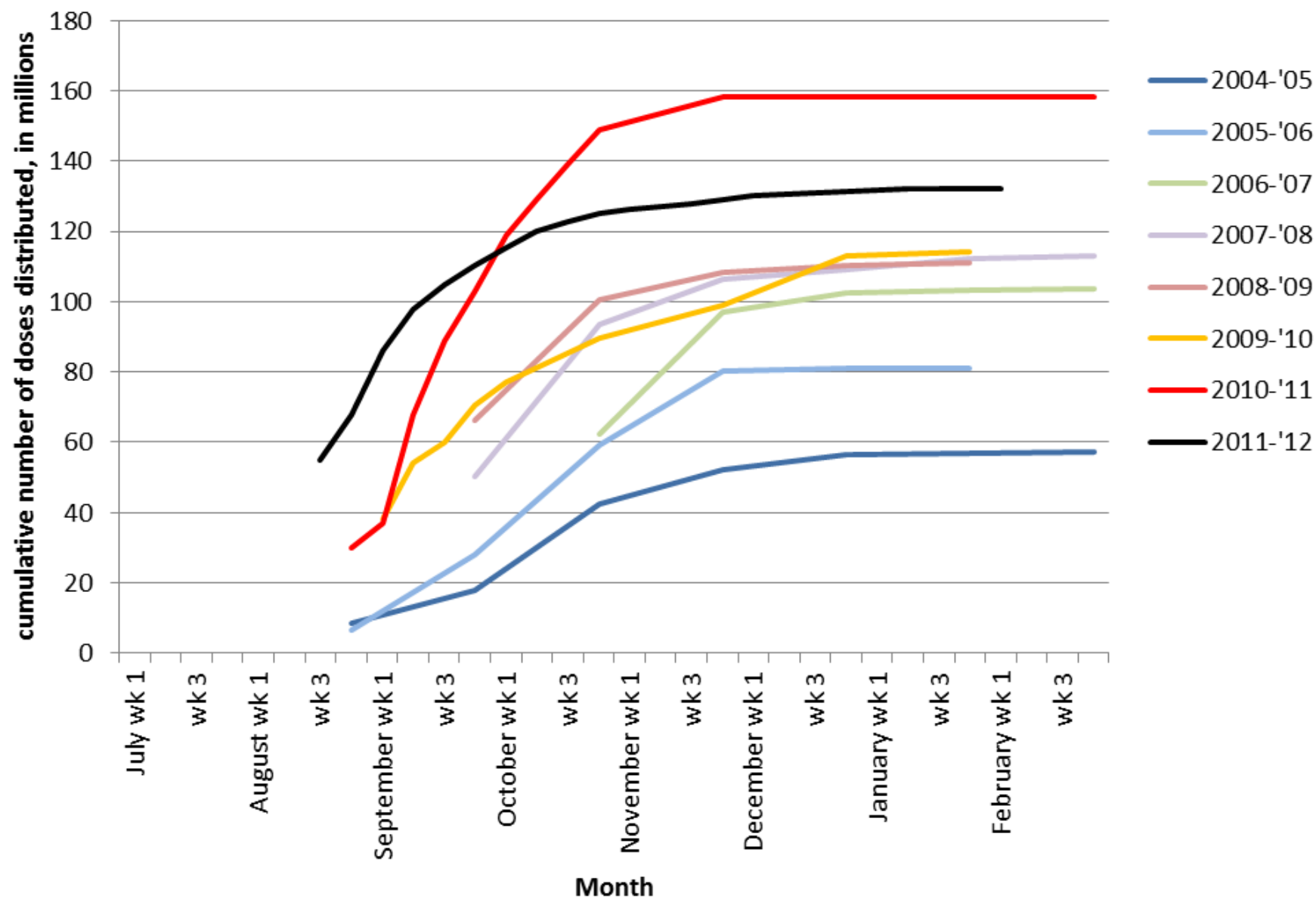
Secretariat

- ❑ **Commitment to maintain adult summit as an annual meeting, co-sponsored by AMA, CDC, NVPO**
- ❑ **Will maintain links with NVAC and other federal agencies within HHS through HHS Task Force**
- ❑ **Summit leadership committee will be developed to provide advice on Adult Summit to:**
 - Facilitate working groups, including tracking and coordinating of activities and actions;
 - Maintain communications among Summit participants;
 - Identify and respond to important adult immunization issues with Summit support

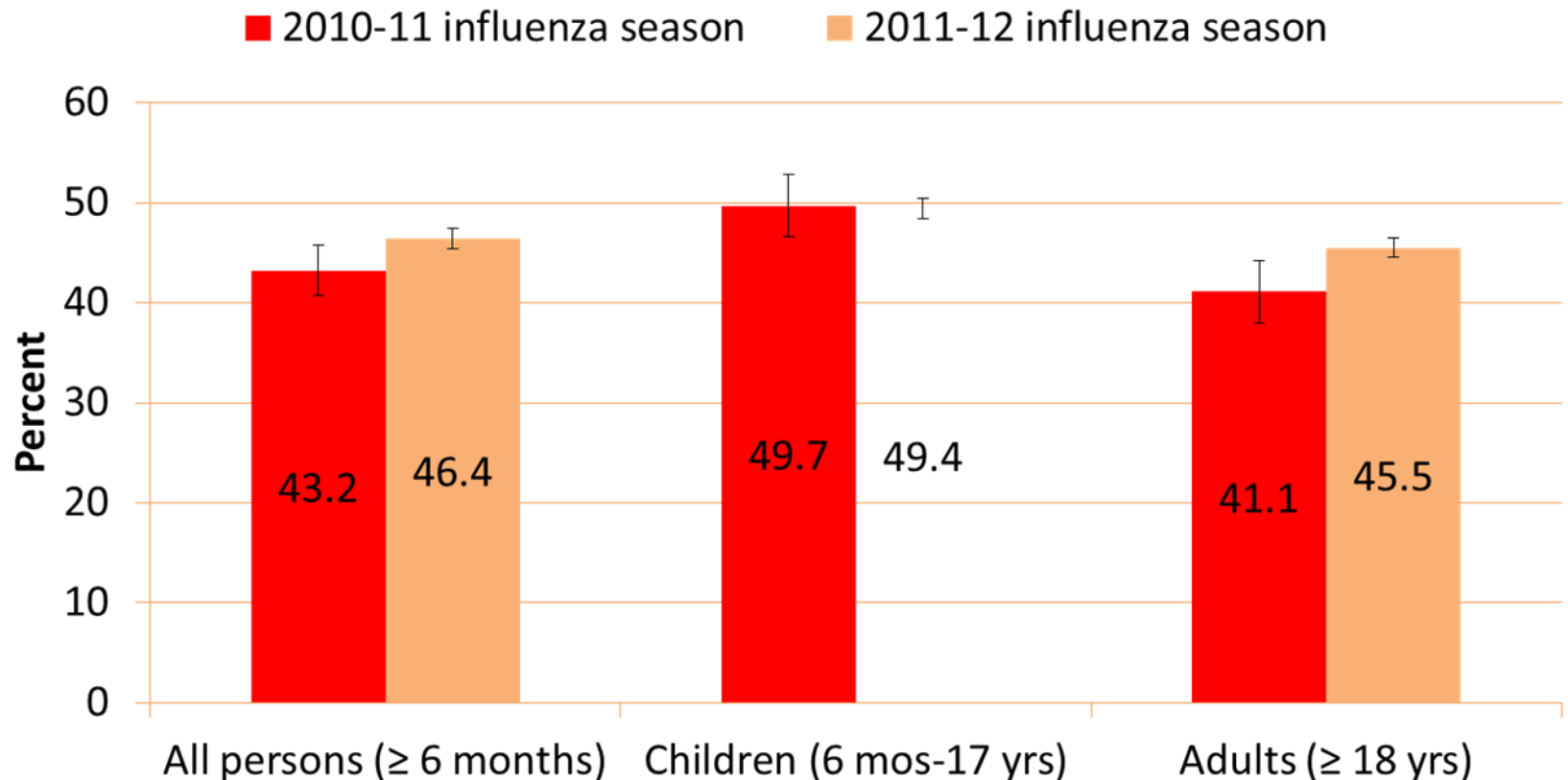
National Influenza Vaccine Summit

- ❑ **Opened with review of preliminary coverage data for 2011-12 season**
- ❑ **Session on preliminary data on the cost effectiveness and impact of the U.S. influenza vaccination program**
- ❑ **Update provided by manufacturers regarding projected doses for 2012-13 estimated total: 146-149 million**
 - **Compares to 166-173 estimated at 2011 Summit and 132 million reported distributed**

Cumulative doses of influenza vaccines distributed by month, by season:
2004-'05 - 2011-'12



Preliminary influenza vaccination coverage estimates by age group and season, March National Immunization Survey and National Flu Survey*



*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age
March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age

Preliminary influenza vaccination coverage among children by race and ethnicity, March National Immunization Survey

Age Group	March 2011 % (95% CI)*	March 2012 % (95% CI)*
Hispanic	61.2 ± 7.7	60.9 ± 5.5
Non-Hispanic, White	45.6 ± 3.6	44.9 ± 2.5
Non-Hispanic, Black	48.3 ± 9.1	48.2 ± 5.8
Non-Hispanic, Other	49.4 ± 11.1 [§]	53.6 ± 6.5

- Percentages are weighted to the U.S. population; CI-Confidence interval half-width
- [§]Estimate may not be reliable, confidence interval half-width >10.

Preliminary influenza vaccination coverage among adults by race and ethnicity, March National Flu Survey

Age Group	March 2011 % (95% CI)*	March 2012 % (95% CI)*
Hispanic	29.3 ± 7.9	38.8 ± 4.7
Non-Hispanic, White	44.9 ± 3.6	49.1 ± 1.7
Non-Hispanic, Black	38.2 ± 11.3 [§]	35.6 ± 4.6
Non-Hispanic, Other	28.8 ± 8.6	40.3 ± 5.3

- Percentages are weighted to the U.S. population; CI-Confidence interval half-width
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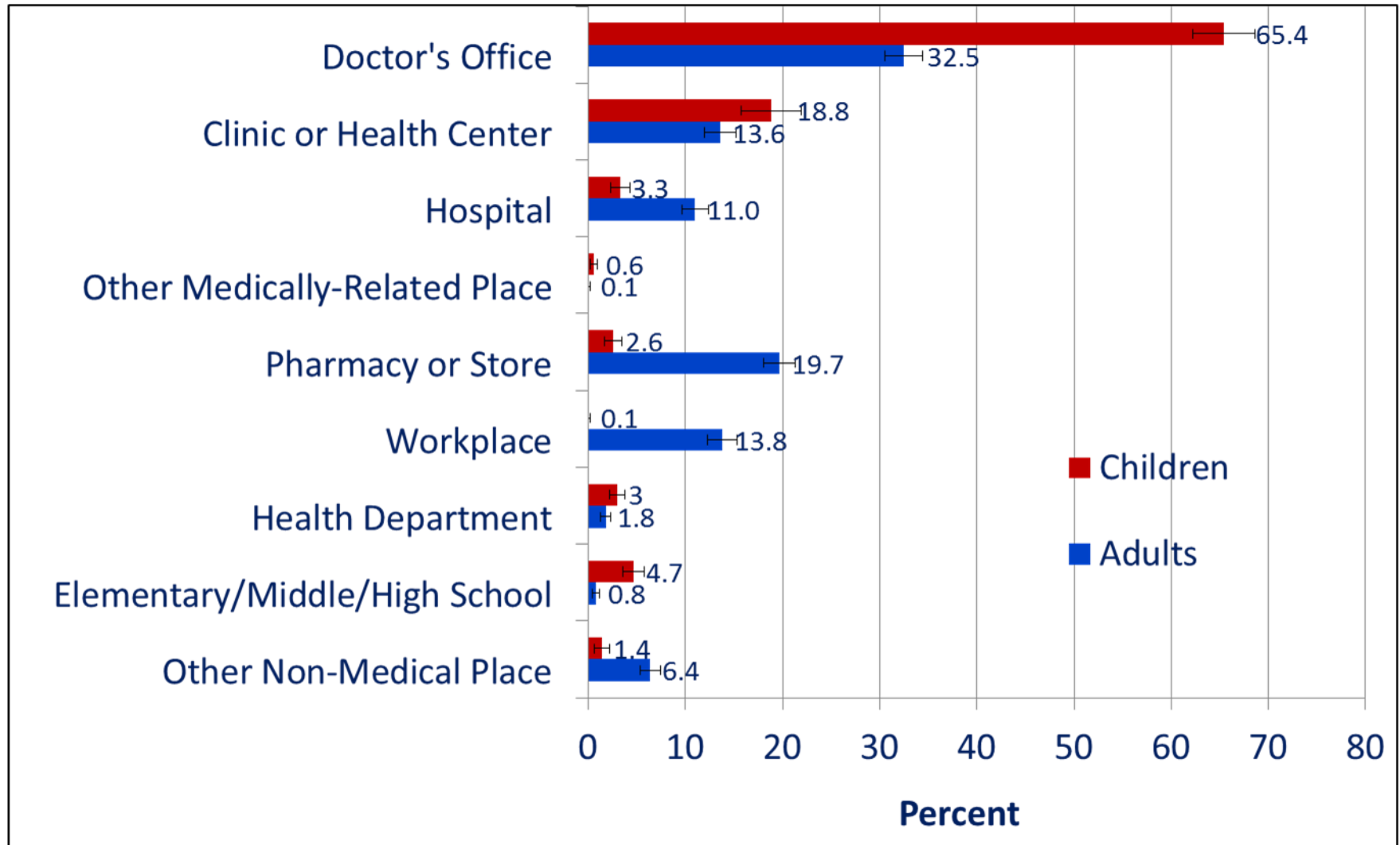
Preliminary influenza vaccination coverage among adults by high risk status, March National Flu Survey

Age Group	March 2011 % (95% CI)*	March 2012 % (95% CI)*
Adults (18-64 years)		
High Risk	46.9 ± 8.4	50.1 ± 3.3
Non-High Risk	30.4 ± 3.4	36.3 ± 2.1

Percentages are weighted to the U.S. population; CI-Confidence interval half-width

Place of Vaccination by age group, March 2012

National Immunization Survey and National Flu Survey*



*March 2012 National Immunization Survey (NIS) data for children 6 months through 17 years of age

March 2012 National Flu Survey (NFS) data for adults ≥ 18 years of age

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Extra

Actionable Items

Possible Solution/Project	Barrier Addressed
Develop adult vaccine finder/locator or build upon existing vaccine finders to incorporate all adult vaccine providers	Collaboration
Develop model protocols for a community that include all types of providers and settings	Collaboration
Convene regional meetings of leaders from different sectors of adult immunization	Collaboration
Develop and promote vaccine counseling and referral code	Payment
Gather systematic data on cost of providing adult vaccination	Payment
Promote models for smaller providers to acquire vaccines at lower costs	Payment
Help providers better understand best coding practices	Payment
Develop and promote models of “ideal” data exchange	Documentation
Promote immunization requirements in meaningful use standards	Documentation
Increase access for uninsured adults	Access & Payment